

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51		1				
2							52		1				
3							53	1					
4							54		1				
5							55		1				
6							56		1				
7							57		1				
8							58		1				
9							59		1				
10			1	9			60		2				
11							61		1	11			
12							62						
13		3					63						
14		3					64						
15		3					65						
16		3					66						
17		3					67						
18		3					68						
19		3					69						
20		3	24				70						
21		3					71						
22		3					72						
23		3					73						
24		3					74						
25		3					75						
26		3					76						
27		3					77						
28		3					78						
29		3					79						
30		3	30				80						
31		3					81						
32		3					82						
33		3					83						
34		3					84						
35		3					85						
36	1						86						
37		1					87						
38		1					88						
39		1					89						
40	1		18				90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1	10				100						
TOTAL IND.							TOTAL IND.		4				
TOTAL DEP.							TOTAL DEP.	104					
TOTAL CLAIMS							TOTAL CLAIMS	107					

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